



IAP10 Rec'd PCT/PTO 02 DEC 2005 PCT

In re Application of:

TSUYOSHI MORISHITA, ET AL.

Application No.: 10/552,061

Filed: October 4, 2005

For: NERVE REGENERATING DRUG

Docket No. 00005.001277

Examiner: Not Yet Assigned

Group Art Unit: Not Yet Assigned

Date: December 2, 2005

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 49 | MINUS | ** 49 | = 0 | x \$25 \$50 | \$0.00 |
| INDEP. CLAIMS | * 2 | MINUS | *** 4 | = 0 | x \$100 \$200 | \$0.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | Previously Paid |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | |

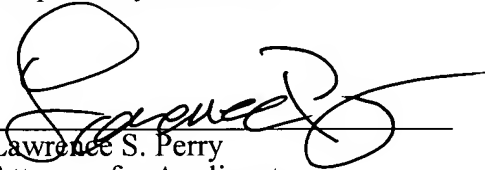
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Lawrence S. Perry
Attorney for Applicants
Registration No. 31,865

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